

Facility Name		County No.	Plant No.	Year Submitted
Emission Point No.	Emission Unit No.	Source Classification Code (SCC)		

**1. Emission Unit(s) Information**

Description Of Unit(s)	Manufacturer, Model No., Date Of Manufacture	Stack IDs	Maximum Design Rate/Capacity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Will this unit be operated under an alternate operating scenario? Yes: _____ No: _____ If Yes, you must complete a separate Section D.2 on FORM OP - D03 for each scenario.			Total Maximum Design Rate/Capacity

**2. Alternate Operating Scenario (Flexibility)**

Alternate Scenario ID:	SIC Code Associated with Scenario:
Description _____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

Use FORM OP - F01 or the back of this page if additional space is needed for multiple Alternate Operating Scenarios.

**3. Voluntary Permit Conditions** *for reducing potential emissions, conditions will become federally enforceable.*

Condition(s) Requested	Description	Limitation	Pollutant Controlled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____